-				
1 Control number	55555		Official Use Only	-
		OME	3 No. 1545-0008	
2 Payer's name, address,	and ZIP code		3 Payer's Federal identifying number	4 State identifying number
			5 State income tax withheld	6 Name of State
			7 TA not De- Legal determined ceased rep.	Sub- total Void
8 Recipient's social security no. 9 Gross annuity, pension, etc.		10 Taxable amount	11 Federal income tax withheld	
12 Recipient's name (firs	12 Recipient's name (first, middle, last)			14 IRA code
15 Recipient's address ar	nd ZIP code	Statement for F	For Paperwork Reduction Act No Copy A—For Social Secur See Instructions for Forms W–2 Recipients of	ity Administration
Form W-2P 1983	Annuitie		i Pay, or IRA Payments	Internal Revenue Service
1 Control number	55555	For Official Use Only OMB No. 1545-0008		
2 Payer's name, address,	and ZIP code		3 Payer's Federal identifying number	4 State identifying number
			5 State income tax withheld	6 Name of State
i				1

1 Control number	55555	For Official Use Only OMB No. 1545-0008			
2 Payer's name, address,	and ZIP code		3 Payer's Federal identifying number	4 State identifying number	
			5 State income tax withheld	6 Name of State	
			7 TA not De- Legal determined ceased rep.	Sub- total Void	
8 Recipient's social security	no. 9 Gross ann	uity, pension, etc.	10 Taxable amount	11 Federal income tax withheld	
12 Recipient's name (firs	t, middle, last)		13	14 IRA code	
			For Paperwork Reduction Act N	otice, see the back of Copy D.	
15 Recipient's address and ZIP code			Copy A—For Social Secur See Instructions for Forms W–2	_	

Form W-2P 1983

Statement for Recipients of Annuities, Pensions, Retired Pay, or IRA Payments

Department of the Treasury Internal Revenue Service

1 Control number	55555	For Official Use Only OMB No. 1545-0008			
2 Payer's name, address,	and ZIP code	3 Payer's Federal identifying num	ber 4 State identifying number		
		5 State income tax withheld	6 Name of State		
		7 TA not De- Legal determined ceased rep.	Sub- total Void		
8 Recipient's social security	no. 9 Gross ann	y, pension, etc. 10 Taxable amount	11 Federal income tax withheld		
12 Recipient's name (first, middle, last)		13	14 IRA code		
		For Paperwork Reduction Act	: Notice, see the back of Copy D.		
15 Recipient's address ar	nd ZIP code	Copy A—For Social Sec See Instructions for Forms W	curity Administration –2 and W–2P and back of Copy D.		

1 Control number			OMB No	. 1545–000	8				
2 Payer's name, address, and	d ZIP code		3	Payer's Fe	der al identi	fying number	4 :	State identifyir	ng number
			5	State inc	ome tax v	vithheld	6	Name of State	
			7	TA not determined	De- ceased	Legal rep.	Sub- total		Void
8 Recipient's social security no.	9 Gross and	nuity, pension, etc.	1	0 Taxable	amount		11	Federal income	tax withheld
12 Recipient's name, addres	s, and ZIP code		1	3			14	IRA code	
				Co Emple	py 1—Fo	r State, City and emplo	ty, oi yer's	r Local Tax D copy compare	Dept.
1983	Annuiti	Statement es, Pensions, Re	t for Rec etired I	ipients o Pay, or I	ira Payı	ments			
1 Control number			OMB No	. 1545–000	8				
2 Payer's name, address, and	d ZIP code		3	Payer's Fe	der al identi	fying number	4 :	State identifyir	ng number
			5	State inc	ome tax v	vithheld	6	Name of State	
			7	TA not determined	De- ceased	Legal rep.	Sub- total		Void
8 Recipient's social security no.	9 Gross and	nuity, pension, etc.	1	0 Taxable	amount		11	Federal income	tax withheld
12 Recipient's name, addres	s, and ZIP code		1	3			14	IRA code	
				Co _j Emple	py 1—Fo oyee's cop	r State, City and emplo	ty, or yer's	r Local Tax D copy compare	ed 🗌
1983	Annuiti	Statement es, Pensions, Re	t for Rec etired I	ipients o Pay, or I	ira Payı	ments			
1 Control number			OMB No	. 1545–000	8				
2 Payer's name, address, and	d ZIP code		3	Payer's Fe	deral identi	fying number	4 :	State identifyir	ng number
			5	State inc	come tax v	vithheld	6	Name of State	
			7	TA not determined	De- ceased	Legal rep.	Sub- total		Void
8 Recipient's social security no.	9 Gross and	nuity, pension, etc.	1	0 Taxable	amount		11	Federal income	tax withheld
12 Recipient's name, addres	s, and ZIP code		1	3			14	IRA code	
				Co	py 1—Fo	or State, City and employ	ty, or	r Local Tax D	Pept.

1 Control number	OMB No. 1545-0008				
2 Payer's name, address,	and ZIP code		3 Payer's Federal identifying number	4 State identifying number	
			5 State income tax withheld	6 Name of State	
			7 TA not De- Legal determined ceased rep.	Sub- Void	
8 Recipient's social security	no. 9 Gross and	nuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld	
12 Recipient's name, add	I Iress, and ZIP code		13	14 IRA code	
			Copy B—File with recipie This information is being furnishe	ent's FEDERAL tax return d to the Internal Revenue Service	
Form W-2P 1983	Annuiti		or Recipients of ired Pay, or IRA Payments	Department of the Treasury Internal Revenue Service	
1 Control number			OMB No. 1545-0008		
2 Payer's name, address,	and ZIP code		3 Payer's Federal identifying number	4 State identifying number	
			5 State income tax withheld	6 Name of State	
			7 TA not De- Legal determined ceased rep.	Sub- total	
8 Recipient's social security	no. 9 Gross and	nuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld	
12 Recipient's name, add	Iress, and ZIP code		13	14 IRA code	
			Copy B—File with recipie		
Form W-2P 1983	Annuiti		or Recipients of red Pay, or IRA Payments	Department of the Treasury Internal Revenue Service	
1 Control number			OMB No. 1545-0008		
2 Payer's name, address,	and ZIP code		3 Payer's Federal identifying number	4 State identifying number	
			5 State income tax withheld	6 Name of State	
			7 TA not De- Legal determined ceased rep.	Sub- total	
8 Recipient's social security	no. 9 Gross and	nuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld	
12 Recipient's name, add	Iress, and ZIP code		13	14 IRA code	
			Copy B—File with recipie	ent's FEDERAL tax return	
			This information is being furnishe		

1 Control number			OMB No. 1545-0008
2 Payer's name, address, and Zi	IP code		3 Payer's Federal identifying number 4 State identifying number
			5 State income tax withheld 6 Name of State
			7 TA not De- Legal Sub- Void determined ceased rep. total
8 Recipient's social security no.	9 Gross annu	ity, pension, etc.	10 Taxable amount 11 Federal income tax withheld
12 Recipient's name, address, a	and ZIP code		13 14 IRA code
			Copy C—For Recipient's Records This information is being furnished to the Internal Revenue Service
Form W-2P 1983	Annuities		t for Recipients of Department of the Treast Internal Revenue Servi
1 Control number			OMB No. 1545-0008
2 Payer's name, address, and ZI	IP code		3 Payer's Federal identifying number 4 State identifying number
			5 State income tax withheld 6 Name of State
			7 TA not De- Legal Sub- Void determined ceased rep. total
8 Recipient's social security no.	9 Gross annu	ity, pension, etc.	10 Taxable amount 11 Federal income tax withheld
12 Recipient's name, address, a	I and ZIP code		13 14 IRA code
			Copy C—For Recipient's Records This information is being furnished to the Internal Revenue Service
Form W-2P 1983	Annuitie		t for Recipients of Petired Pay, or IRA Payments Department of the Trease Internal Revenue Service Departm
1 Control number			OMB No. 1545-0008
2 Payer's name, address, and ZI	IP code		3 Payer's Federal identifying number 4 State identifying number
			5 State income tax withheld 6 Name of State
			7 TA not De- Legal Sub- determined ceased rep. total
8 Recipient's social security no.	9 Gross annu	ity, pension, etc.	10 Taxable amount 11 Federal income tax withheld
12 Recipient's name, address, a	I and ZIP code		13 14 IRA code
			Copy C—For Recipient's Records

This information is being furnished to the Internal Revenue Service

Notice to Recipient:

If you have nonwage income of more than \$500 and will owe tax of \$300 or more (\$400 for 1984), you should file Form 1040–ES, Estimated Tax for Individuals, and pay the tax in installments during the year. You can, instead, increase the withholding from your pension or annuity. To arrange this, please file Form W-4P with the payer.

You may also elect not to have income tax withheld from your pension or annuity. (You may revoke this election at any time.) See Form W-4P for details.

If the amount shown in box 9 is a payment from an IRA, box 14 has a code number showing the reason for the payment. The code is a four-digit number starting with 555. The fourth digit shows the reason for the payment. The codes are: 1 for premature (other than for dis-

ability or death); 2 for rollover; 3 for disability; 4 for death; 6 for other; 7 for normal; 8 for excess contributions plus earnings on such excess contributions; and 9 for transfer to an IRA for a spouse, incident to divorce.

If there is no entry in box 10, Taxable amount, the payer probably does not have all the facts needed for figuring the taxable amount. Since only the taxable amount is includible in income, you may want to get one of the following publications from an IRS office to help you figure the taxable amount:

Publication 567, U.S. Civil Service Retirement and Disability;

Publication 571, Tax-Sheltered Annuity Programs for Employees of Public Schools and Certain Tax-Exempt Organizations;

Publication 575, Pension and Annuity Income.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1983—O-363-036

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1 Control number		OMB No. 1545-0008				
2 Payer's name, address, and ZI	P code	3 Payer's Federal identifying number 4 State identifying numb				
		5 State income tax withheld	6 Name of State			
		7 TA not De- Legal determined ceased rep.	Sub- total Void			
8 Recipient's social security no.	9 Gross annuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld			
12 Recipient's name, address, a	nd ZIP code	13	14 IRA code			
002	Statemen	Copy 2—To be Filed Copy 2—City, or Loc Employee's copy and empl	With Recipient's State, al Income Tax Return oyer's copy compared			
.983		etired Pay, or IRA Payments				
I Control number		OMB No. 1545-0008				
2 Payer's name, address, and ZI	P code	3 Payer's Federal identifying number	4 State identifying number			
		5 State income tax withheld	6 Name of State			
		7 TA not De- Legal determined ceased rep.	Sub- total Void			
8 Recipient's social security no.	9 Gross annuity, pension, etc.	10 Taxable amount	11 Federal income tax withhele			
12 Recipient's name, address, a	nd ZIP code	13	14 IRA code			
		Copy 2—To be Filed City, or Loc Employee's copy and empl	With Recipient's State, sal Income Tax Return oyer's copy compared			
.983	Statement Annuities, Pensions, R	t for Recipients of etired Pay, or IRA Payments				
1 Control number		OMB No. 1545-0008				
Payer's name, address, and ZI	P code	3 Payer's Federal identifying number	4 State identifying numbe			
		5 State income tax withheld	6 Name of State			
		7 TA not De- Legal determined ceased rep.	Sub- total Void			
3 Recipient's social security no.	9 Gross annuity, pension, etc.	10 Taxable amount	11 Federal income tax withhel			
12 Recipient's name, address, a	nd ZIP code	13	14 IRA code			

Copy 2—To be Filed With Recipient's State, City, or Local Income Tax Return Employee's copy and employer's copy compared

1 Control number	OMB No. 1545-0008				
2 Payer's name, address,	and ZIP code		3 Payer's Federal identifying number	4 State identifying number	
			5 State income tax withheld	6 Name of State	
			7 TA not De- Legal determined ceased rep.	Sub- total	
8 Recipient's social security n	9 Gross and	nuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld	
12 Recipient's name, addı	ress, and ZIP code		13	14 IRA code	
			Сору D—	For Payer 	
Form W-2P 1983	Annuiti	Statement for R es, Pensions, Retired	lecipients of I Pay, or IRA Payments	Department of the Treasury Internal Revenue Service	
1 Control number		ОМЕ	3 No. 1545–0008		
2 Payer's name, address,	and ZIP code		3 Payer's Federal identifying number	4 State identifying number	
			5 State income tax withheld	6 Name of State	
			7 TA not De- Legal determined ceased rep.	Sub- total Void	
8 Recipient's social security n	9 Gross and	nuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld	
12 Recipient's name, add	ress, and ZIP code		13 14 IRA code		
			Сору D—	For Payer	
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1 Control number		ОМЕ	3 No. 1545–0008		
2 Payer's name, address,	and ZIP code		3 Payer's Federal identifying number	4 State identifying number	
			5 State income tax withheld	6 Name of State	
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8 Recipient's social security n	o. 9 Gross and	nuity, pension, etc.	10 Taxable amount	11 Federal income tax withheld	
12 Recipient's name, add	ress, and ZIP code		13	14 IRA code	
			Сору D—	For Payer	
			·		

Instructions

Please use this form to report payments under a retirement plan. Examples are pensions, retainer pay, annuities under a purchased contract, and payments from individual retirement accounts or annuities. Payments to retired military persons and some court officials are now reported on Form W–2P instead of on Form W–2, Wage and Tax Statement. See separate Instructions for Forms W–2 and W–2P for more information on how to complete Form W–2P.

Use Form W-2 to report payments that are subject to social security (FICA) tax.

You need not file Form W-2P for the following cases: (a) You paid retirement benefits that are exempt from tax. Examples are social security, workmen's compensation, most railroad retirement, and Veterans Administration payments. (b) You made payments as a fiduciary, filed Form 1041, and gave each beneficiary a Schedule K-1 (Form 1041). (c) You made total distributions reported on Form 1099R.

Paperwork Reduction Act Notice.—We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1983-O-363-036

363-036-1

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